

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025**LTC Partnership - Comprehensive - Tax Qualified**

POLICY FORM: 7037D

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
	YES	YES	YES	YES	YES			YES

MPB Company Notes:	(Number of Days) times the Nursing Facility Daily Benefit = 730, 1,095, 1,460, 1,825, 2,190, 2,920, 3,650.
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2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$5,270	\$12,000	\$100			YES		YES

NHB Company Notes:	Enter Notes: or Daily \$170 - \$400 in \$10 increments
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES				YES	

RCFE Company Notes:	Enter Notes: None reported by the company.
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4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES						YES		

HCB Company Notes:	Enter Notes: None reported by the company.
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5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES				YES		

QB Company Notes:	The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living.
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7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
		YES		YES		YES	YES	

EP Company Notes:	Enter Notes: Sample Rates provided are for Service Day
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8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES		

IP Company Notes:	
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9. Waiver of Premium (WAVP)

Enter Notes: Will waive premium payments that become due when benefits are payable under Nuring Home, RCF and Home Care

GENWORTH LIFE INSURANCE COMPANY - NAIC 70025

Long Term Care Insurance Rates

POLICY FORM: 7037D

LTC Partnership - Comprehensive - Tax Qualified

ISSUE AGE	30 Day Elimination Period - Service				90 Day Elimination Period - Service			
	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
50		\$1,977				\$1,676		
55		\$2,223				\$1,884		
60		\$2,424				\$2,054		
65		\$3,125				\$2,648		
70		\$4,792				\$4,061		
75		\$8,134				\$6,893		
80								

Customer Service Telephone Number: (800) 456-7766